

No. W 85235		Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROBERTSON QUALITY ASSURANCE PLLC CHERYL A ROBERTSON 227 MADISON ST W KIMBERLY ID 83341 USA		CHERYL A ROBERTSON 227 MADISON ST W KIMBERLY ID 83341			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHERYL A ROBERTSON	Street or PO Address 227 MADISON ST. W.		City KIMBERLY	State ID	Country USA	Postal Code 83341-8334
5. Organized Under the Laws of: ID W 85235		6. Annual Report must be signed.* Signature: Cheryl Robertson Name (type or print): Cheryl Robertson Date: 08/11/2015 Title: Manager					
Processed 08/11/2015 * Electronically provided signatures are accepted as original signatures.							